

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>W</i>	<i>70591</i>	<i>9/22</i>
O.I.P.E. CLASSIFIER	<i>B</i>	<i>3-2</i>	<i>6/27</i>
FORMALITY REVIEW	<i>DW</i>	<i>72346</i>	<i>4-2-00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/27/01
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8	✓	✓	11/5/01
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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